

STANDARD CERTIFICATE OF DEATH

State File No. 00404

39484

(Licensed Embroider's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-4-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12-4-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

not embalmed - (Packed with fluid)
working under my personal supervision. Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *J. Leslie Sweeney*
Licensed Embalmer No. *3235*

P. O. Address *W. Marshall, Jr.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.